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State/Territory Name: Oklahoma

State Plan Amendment (SPA) #: 21-0016

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Page

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 East 12th Street, Suite 355
Kansas City, Missouri 64106-2898



Medicaid & CHIP Operations Group

April 14, 2021

Melody Anthony
State Medicaid Director
Oklahoma Health Care Authority
Oklahoma City, OK 73105

Dear Ms. Anthony:

On March 19, 2021, the Centers for Medicare & Medicaid Services (CMS) received Oklahoma State Plan (SPA) No. 21-0016. This SPA was submitted to remove the 24-day per state fiscal year limit for covered inpatient physician and surgical services provided to adult SoonerCare members. The limitation was removed to align with current practice and for the purposes of the alternative benefit plan (ABP) for adults in the expansion group. The state has also provided a separate ABP SPA submission, which is under review.

We are pleased to inform you that SPA 21-0016 was approved on April 14, 2021, with an effective date of July 1, 2021, as requested by the state. Enclosed is a copy of the CMS 179 summary form, as well as the approved pages for incorporation into the Oklahoma State Plan.

If you have any questions regarding this matter you may contact Deborah Read (816) 426-5925 or by e-mail at Deborah.read@cms.hhs.gov.

Sincerely,

A black rectangular box redacting the signature of James G. Scott.

Digitally signed by James G. Scott
-S
Date: 2021.04.14 14:28:11 -05'00'

James G. Scott, Director
Division of Program Operations

Enclosures

cc: Kasie McCarty, Oklahoma Health Care Authority
Sandra Puebla, Oklahoma Health Care Authority
Sophia Hinojosa, Program Branch Manager

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 1 — 0 0 1 6

2. STATE

Oklahoma

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES4. PROPOSED EFFECTIVE
DATE
July 1, 20215. TYPE OF PLAN MATERIAL (*Check One*)☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENTCOMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION

**Section 1937 of the Social Security Act; 42 CFR Part 440,
Subpart C**

7. FEDERAL BUDGET IMPACT

a. FFY 2021 \$ 1,436,177b. FFY 2022 \$ 5,744,707

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-A, Page 2a-2

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*)

Attachment 3.1-A, Page 2a-2 - TN 03-24

10. SUBJECT OF AMENDMENT

Removal of the 24-day per state fiscal year limitation for covered inpatient physician and surgical services.

11. GOVERNOR'S REVIEW (*Check One*)☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☒ OTHER, AS SPECIFIED☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL

13. TYPED NAME
Melody Anthony14. TITLE
State Medicaid Director15. DATE SUBMITTED
3/19/2021

16. RETURN TO

Oklahoma Health Care Authority
Attn: Traylor Rains
4345 N. Lincoln Blvd.
Oklahoma City, OK 73105**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED 3/19/2021

18. DATE APPROVED 4/14/2021

PLAN APPROVED - ONE COPY ATTACHED19. EFFECTIVE DATE OF APPROVED MATERIAL
7/1/2021

20. SIGNATURE OF REGIONAL OFFICIAL

Digitally signed by James G. Scott -S
Date: 2021.04.14 14:28:58 -05'00'

21. TYPED NAME James G. Scott

22. TITLE Director, Division of Program Operations

23. REMARKS

**AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
CATEGORICALLY NEEDY**

5. Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere.

Payment is made for compensable medical and surgical outpatient and inpatient services. Physician claims for hospital visits will be paid until the last compensable hospital day is captured. Hospital visits are limited to one visit per day per physician. Office visits, home visits, or elsewhere are limited to four per month per patient, regardless of the number of physicians, and two visits per month in a nursing facility. Visit limitations may be exceeded based on medical necessity. The following services are excluded from number of visits limitation:

1. Emergency department
2. EPSDT
3. Family planning

Payment is made for medical and surgical services performed by a dentist, to the extent such services may be performed under State law either by a doctor of dental surgery or dental medicine, when those services would be covered if performed by a physician.

Revised 07-01-21

TN#: 21-0016
Supersedes TN#: 03-24

Approval Date 04-14-21

Effective Date 07-01-21